

2388

## ARIZONA STATE BOARD OF HEALTH

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS(This return should preferably be made  
by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth Miami  
(Registration District)County DeSoto

No. \_\_\_\_\_

St. \_\_\_\_\_

SEX OF CHILD\* Twin Triplet or other? } and } Number in order of birth

DATE OF BIRTH\* June 21 1922  
(Month) (Day) (Year)FULL NAME Julio Stars  
FATHERFULL MAIDEN NAME Micaela Mangano  
MOTHERI HEREBY CERTIFY that the child described herein  
has been namedElba Aurelia Stars  
(Give name in full) (Surname)Lauro M. Campoy  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-42-S.P.Co.

586-621-442